

**CHAMBER OF COMMERCE  
OF THE  
UNITED STATES OF AMERICA**

**THEODORE C. PHLEGAR**  
SENIOR COUNSEL  
WORKFORCE FREEDOM INITIATIVE

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**FACSIMILE TRANSMISSION  
of  
FEC-9 FORMS**

**Total Pages = 7**

October 12, 2010

Federal Election Commission  
Via Facsimile @ 202-219-0174

Re: 1) Communication Titled "Two Years, Pennsylvania"  
2) Communication Titled "Two Years, Missouri"

Please find attached to this cover page two (2) FEC Form 9 filings identified above which are being filed on behalf of the U.S. Chamber of Commerce. Total pages, including cover page, are 7 pages. Please confirm your receipt of this transmission by an acknowledging fax to 202-463-5491.

Thank you for your attention to this filing.

Sincerely,



Theodore C. Phlegar

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

U.S. Chamber of Commerce(b) Address (number and street) ☐ check if different than previously reported1615 H Street NW

(c) City, State and ZIP Code

Washington DC 20062**2. FEC Identification Number**070004395

(d) Name of Employer or Principal Place of Business

(e) Occupation

**3. Is This Statement**☒ New  
or  
☐ Amended**4. Covering Period**10 05 2010  
through  
10 11 2010**5. (a) Date of Public Distribution(s)**10 11 2010(b) Communication Title Two Years, Missouri**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Glenn Spencer

(b) Address (number and street)

1615 H St. NW

(c) City, State and ZIP Code

Washington DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of CommerceExecutive Director / WFI**9. Total Donations This Statement**0.00**10. Total Disbursements/Obligations This Statement**526,446.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Glenn Spencer

SIGNATURE

Glenn Spencer

DATE

10/5/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 2 OF 3

**11. Person(s) Sharing/Exercising Control****A. (a) Name**

Glenn Spencer

**(b) Address (number and street)**

1615 H St. NW

**(c) City, State and ZIP Code**

Washington DC 20062

**(d) Name of Employer or Principal Place of Business**

U.S. Chamber of Commerce

**(e) Occupation**

Executive Director/WFD

**B. (a) Name****(b) Address (number and street)****(c) City, State and ZIP Code****(d) Name of Employer or Principal Place of Business****(e) Occupation****C. (a) Name****(b) Address (number and street)****(c) City, State and ZIP Code****(d) Name of Employer or Principal Place of Business****(e) Occupation****D. (a) Name****(b) Address (number and street)****(c) City, State and ZIP Code****(d) Name of Employer or Principal Place of Business****(e) Occupation****E. (a) Name****(b) Address (number and street)****(c) City, State and ZIP Code****(d) Name of Employer or Principal Place of Business****(e) Occupation**

## SCHEDULE 9-B

PAGE 3 OF 3

## Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> McCarthy, Marcus, Hennings Ltd.		<b>Date of Disbursement or Obligation</b> 10 04 2010	
<b>Mailing Address of Payee</b> 1850 M St. NW # 235		<b>Amount</b> 7,500.-	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20036	<b>Communication Date</b> 10 11 2010
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Television Ad, Two years Missouri			
<b>Name of Federal Candidate</b> Robin Carnahan	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> MO	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media Services		<b>Date of Disbursement or Obligation</b> 10 05 2010	
<b>Mailing Address of Payee</b> 600 Fairmont Ave, suite 306		<b>Amount</b> 518,946.-	
<b>City</b> Towson	<b>State</b> MD	<b>Zip Code</b> 21286	<b>Communication Date</b> 10 11 2010
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Television Ad, Two years Missouri			
<b>Name of Federal Candidate</b> Robin Carnahan	<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> MO	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		526,446.-	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		526,446.-	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A  
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